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**28.1 Resource Order** *(Exhibit 1)*

**28.2 Aircraft Passenger and Cargo Manifest** *(Exhibit 2)*

Passenger and Cargo Manifest will be completed for all personnel and cargo boarding all aircraft. The Chief-of-Party normally is listed as the first passenger. Crews should have 10 copies of the manifest prior to departure. This is to ensure sufficient copies are available for aircraft load masters, time officers, intermediate mobilization centers, etc. See **Exhibit 2** and National Mobilization Guide Sec. 29.2.

**28.3 Spot Weather Forecasts** *(Exhibit 3)*

**28.4 Temporary Flight Restriction Request** *(Exhibit 4 for ABQ/DEN and LAX)*

**28.5 Wildland Fire Safety and Health Network (SAFENET)** *(Exhibit 5)*

Documentation used to report and resolve safety concerns encountered in wildland fire, prescribed fire, or all risk operations.

**28.6 Incident Status Summary (ICS-209)** *(Exhibit 6)*

**28.7 USDA-FS Aviation Operations Initial Report (SAFECON)** *(Exhibit 7)*

USDA Forest Service units shall report all aircraft accidents as per the instructions in the Southwestern Crash/Rescue Plan. Departmental Manual 352 DM 6 states "Aircraft accidents and serious aircraft incidents shall be reported DIRECTLY and IMMEDIATELY to the OAS Aviation Safety Manager by the most expeditious means." The 24-hour phone number is 1-888-4MISHAP (1-888-464-7427).

**28.8 Food Service Request** *(Exhibit 8)*

The National Food Service request form shall be filled out completely, attached to the resource order form, and all data relayed to SWCC when requesting catering services.

**28.9 Infrared Aircraft Scanner Order** *(Exhibit 9)*

Initial request for IR systems will be submitted to the SWCC aircraft dispatcher on the National Infrared Aircraft Scanner order form. Fill out the form as completely as possible and attach to the resource order form.

**28.10 Infrared Aircraft Status Report** *(Exhibit 10)*

At the end of each day, the zone will call in information required on the National Infrared Aircraft Status Report to the SWCC aircraft dispatcher. The SWCC aircraft dispatcher will pass the information onto the Southwest Infrared (IR) Coordinator. If the IR Coordinator position has not been filled, the information will be passed on to the NICC aircraft dispatcher.

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**28.11 MAFFS/Military Aerial Firefighting Systems** *(Exhibit 11)*

Modular Airborne Firefighting Systems (MAFFS) units will be ordered and used only after all commercial airtankers are committed to fires. Twenty-four hour lead time is requested by the Air Force; in some cases, less time is required. Resource orders will be placed through dispatching channels to NICC.

**28.12 Accident/Incident Report for Fire Entrapment or Burns** *(Exhibit 12)*

a. Information asked for on this form is important for the continued effort to evaluate and improve personal protection gear for firefighters. It is not intended as a critique of personnel actions in entrapment incidents. The completed report for serious fire-related incidents or accidents will be submitted by the Incident Commander through dispatch channels. NICC's Intelligence Section in Boise will be notified within 24 hours of the incident or accident. Submit the written report within 72 hours.

b. If a fatality or other major fire-related accident or incident occurs, notify SWCC **IMMEDIATELY**.

**28.13 Detail Request Form** *(Exhibit 13)*

**28.14 Length of Assignment Extension** *(Exhibit 14)*

**28.15 Documentation of Contacts Requesting Deconfliction of Airspace By the Military** *(Exhibit 15)*

Requests made to the military requesting legs of Military Training Routes (MTR) require documentation. The Interagency Airspace Coordination Guide form for documentation of contacts requesting deconfliction of airspace by the military is recommended for use and attachment to the aircraft resource order.

**28.16 Southwest Area - Financial Transaction Form** *(Exhibit 16)*

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**EXHIBIT 1 • Resource Order**

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**EXHIBIT 2 • Passenger and Cargo Manifest**

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**EXHIBIT 3 • Spot Forecast Request Form**

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**EXHIBIT 4 • ABQ/DEN Temporary Flight Restriction Request**

INCIDENT NAME: \_\_\_\_\_ DESCRIPTION: T \_\_\_\_\_ R \_\_\_\_\_ Sec \_\_\_\_\_  
INITIATED—DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TO/FROM: \_\_\_\_\_

=====

**Call the ARTCC in whose jurisdiction the incident is located.**

ABQ ARTCC 9-856-4591/FAX 9-856-4654      DEN ARTCC 8-303-651-4248

**Give the person who answers the following information - "THIS IS THE U.S. FOREST SERVICE REQUESTING A TEMPORARY FLIGHT RESTRICTION". Read question number and answer to all items. Get answer to item 10, request callback with NOTAM number.**

=====

1. Name and organization of person requesting the Temporary Flight Restriction:

(Name)

**WITH THE U.S. FOREST SERVICE**

2. Brief description of the incident: **WILDLAND FIRE (or other incident)**

3. Estimated duration of flight restrictions: **IMMEDIATELY / UNTIL CANCELLED**

4. Name of agency conducting relief activity and telephone contact.

**U.S. FOREST SERVICE 505-842-3473**

5. Description of area to be NOTAMed (VOR Bearing and Distance, Lat/Long.

**VOR NAME: BEARING: DISTANCE: KT LAT: LONG**

\* **5 NAUTICAL MILE RADIUS — 3,000 FOOT AGL (above ground level)**

6. Description of material or activity posing a hazard to persons and property in the area:

**FIGHTING A WILDLAND FIRE**

7. Description of hazard that would be magnified, spread, or compounded by low flying aircraft or rotor wash: **FIGHTING A WILDLAND FIRE**

8. Nature of airborne relief, proposed aircraft operation and location of relief aircraft bases:

**AIRTANKERS FLYING FROM (Base) HELICOPTERS/LIGHT**

**AIRCRAFT WORKING IN VICINITY OF AND OVER THE FIRE**

9. Contact point or radio frequency for handling media requests to operate at altitudes used by relief aircraft:

**CALL LOCAL OFFICE WHERE INCIDENT IS LOCATED**

10. Designated coordination facility (FSS nearest the incident):

**IF NOTAM NUMBER IS NOT RECEIVED IN ONE HOUR, CALL ARTCC BACK AND CHECK STATUS OF REQUEST.**

=====

**REQUEST RELAYED TO ARTCC—DATE: TIME: TO/FROM:**

**NOTAM NUMBER RECEIVED- DATE: TIME: TO/FROM:**

**REQUEST TO CANCEL RESTRICTION: DATE: TIME: TO/FROM:**

**REQUEST TO CANCEL RESTRICTION RELAYED TO ARTCC (SAME UNIT REQUEST WAS GIVEN TO):**

**DATE: TIME: TO/FROM:**

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**EXHIBIT 4 • LAX Temporary Flight Restriction Request**

INCIDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_ TO/FROM \_\_\_\_\_

=====

**Call the LAX ARTCC 8-805-265-8205/FAX 805-265-8294**

=====

1. Name and organization of person requesting disaster area designation:  
**(Name) WITH THE U.S. FOREST SERVICE.** \_\_\_\_\_
2. Brief description of the incident: **WILDLAND FIRE (or other incident)** \_\_\_\_\_
3. Estimated length of time disaster area is to be designated: **IMMEDIATELY & UNTIL CANCELLED.** \_\_\_\_\_
4. Name of agency conducting relief activity and telephone or other communications contact (if different from 1.): **U.S. FOREST SERVICE; 505-842-3473** \_\_\_\_\_
5. A clear definition of the area to be NOTAMed (by reference to prominent geographic features depicted on aeronautical charts, or if no other means appropriate, by geographical coordinated):  
**VOR: \_\_\_\_\_ BEARING: \_\_\_\_\_ Distance: \_\_\_\_\_ KT LAT: \_\_\_\_\_ LONG: \_\_\_\_\_**  
**\* 5 NAUTICAL MILE RADIUS — 3,000 FOOT AGL (above ground level)** \_\_\_\_\_
6. Approval or disapproval for aircraft carrying accredited news representatives or persons on official disaster business to operate at altitudes being used for relief aircraft. Contact authority for this approval shall be included in the NOTAM: **CALL LOCAL OFFICE.**
7. Coordination facility (nearest FSS to disaster site): \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

**IF NOTAM # IS NOT RECEIVED IN ONE HOUR, CALL ARTCC BACK AND CHECK STATUS OF REQUEST.**

=====

**REQUEST RELAYED TO ARTCC—DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TO/FROM: \_\_\_\_\_**

**NOTAM NUMBER RECEIVED: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TO/FROM: \_\_\_\_\_**

**REQUEST TO CANCEL RESTRICTION: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TO/FROM: \_\_\_\_\_**

**REQUEST TO CANCEL RESTRICTION RELAYED TO ARTCC (SAME UNIT REQUEST WAS GIVEN TO):**

**DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TO/FROM: \_\_\_\_\_**

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**EXHIBIT 5 • SAFENET**

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**EXHIBIT 5 • SAFENET**

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**EXHIBIT 6 • Incident Status Summary**

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**EXHIBIT 6 • Incident Status Summary**

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**EXHIBIT 7 • USDA-FS Aviation Operations Initial Report**

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**EXHIBIT 8 • Food Service Request**

Incident Name \_\_\_\_\_ Management/Fiscal Code \_\_\_\_\_

Resource Order No. \_\_\_\_\_ Request No. \_\_\_\_\_ Date \_\_\_\_\_

**I. Date, Time, Meals, and Meal Numbers**

1. Date of first meal \_\_\_\_\_ Time of first meal \_\_\_\_\_

2. Estimated number for the first three meals (minimum guarantee is based on these estimates):

1st Meal \_\_\_\_\_ ☐ Hot Breakfast ☐ Sack Lunch ☐ Dinner

2nd Meal \_\_\_\_\_ ☐ Hot Breakfast ☐ Sack Lunch ☐ Dinner

3rd Meal \_\_\_\_\_ ☐ Hot Breakfast ☐ Sack Lunch ☐ Dinner

3. Food Boxes: \_\_\_\_\_

**II. Location**

Reporting location: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contracting Officer's Technical Representative \_\_\_\_\_

FDUL: \_\_\_\_\_

**III. Support Information for Contractors**

Nearest authorized potable water source: \_\_\_\_\_

The benefiting unit is responsible for providing the following services:

1. Gray water pumper      2. Potable water      3. Department of Health notified (optional)

Incidents requesting potable water tenders, gray water tenders, or refrigerated storage vans must assign new request numbers for each resource ordered.

**IV. Estimated Duration/Needs**

1. Anticipated duration of incident \_\_\_\_\_

2. Number of personnel at peak of incident \_\_\_\_\_

3. Spike Camps? ☐ No ☐ Yes      Number \_\_\_\_\_      No. of meals per camp per day \_\_\_\_\_

**V. ADDITIONAL INFORMATION**

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

GACC \_\_\_\_\_ Telephone \_\_\_\_\_

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**EXHIBIT 9**

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**EXHIBIT 10 • Infrared Aircraft Status Report • NIFCC Report**

Aircraft Tail Number: \_\_\_\_\_

IR Field Specialist Reporting: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Aircrew Schedule: \_\_\_\_\_
2. Status of Incident (uncontained, contained, mop-up): \_\_\_\_\_
3. Number of Incidents Flying: \_\_\_\_\_
4. Area Priorities of Incidents: \_\_\_\_\_
5. Schedule of Flights: \_\_\_\_\_
6. Hours Flown During This Day: \_\_\_\_\_
7. Aircraft Maintenance: \_\_\_\_\_ Hours to Inspection: \_\_\_\_\_
8. Scanner Maintenance: \_\_\_\_\_
9. Any Change In Plans: \_\_\_\_\_
10. Location, Telephone Numbers, Room Numbers of Crew: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. News Items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Procedure: At the end of each duty day, phone, FAX, or send electronically.

**Phone:** (208) 389-2657  
**FAX:** (208) 389-2414, Or 389-2663  
**DG:** Aircraft:W02A, CC IRDUTY:W02A

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**EXHIBIT 11 • MAFFS Order Format**

Fire Name: \_\_\_\_\_

Fire Order Number: \_\_\_\_\_

Ordered By: \_\_\_\_\_

Situation: \_\_\_\_\_

Fire Location: Latitude and Longitude \_\_\_\_\_

Number of Systems Required: \_\_\_\_\_

Location and Name of Retardant Base (See Approved Operational Bases): \_\_\_\_\_

MAFFS LO Requested: \_\_\_\_\_

(Name)

MAFFS LO Trainee Requested: \_\_\_\_\_

Estimated Duration of Mission: \_\_\_\_\_

Air Tanker Resources Committed to Fire(s): \_\_\_\_\_

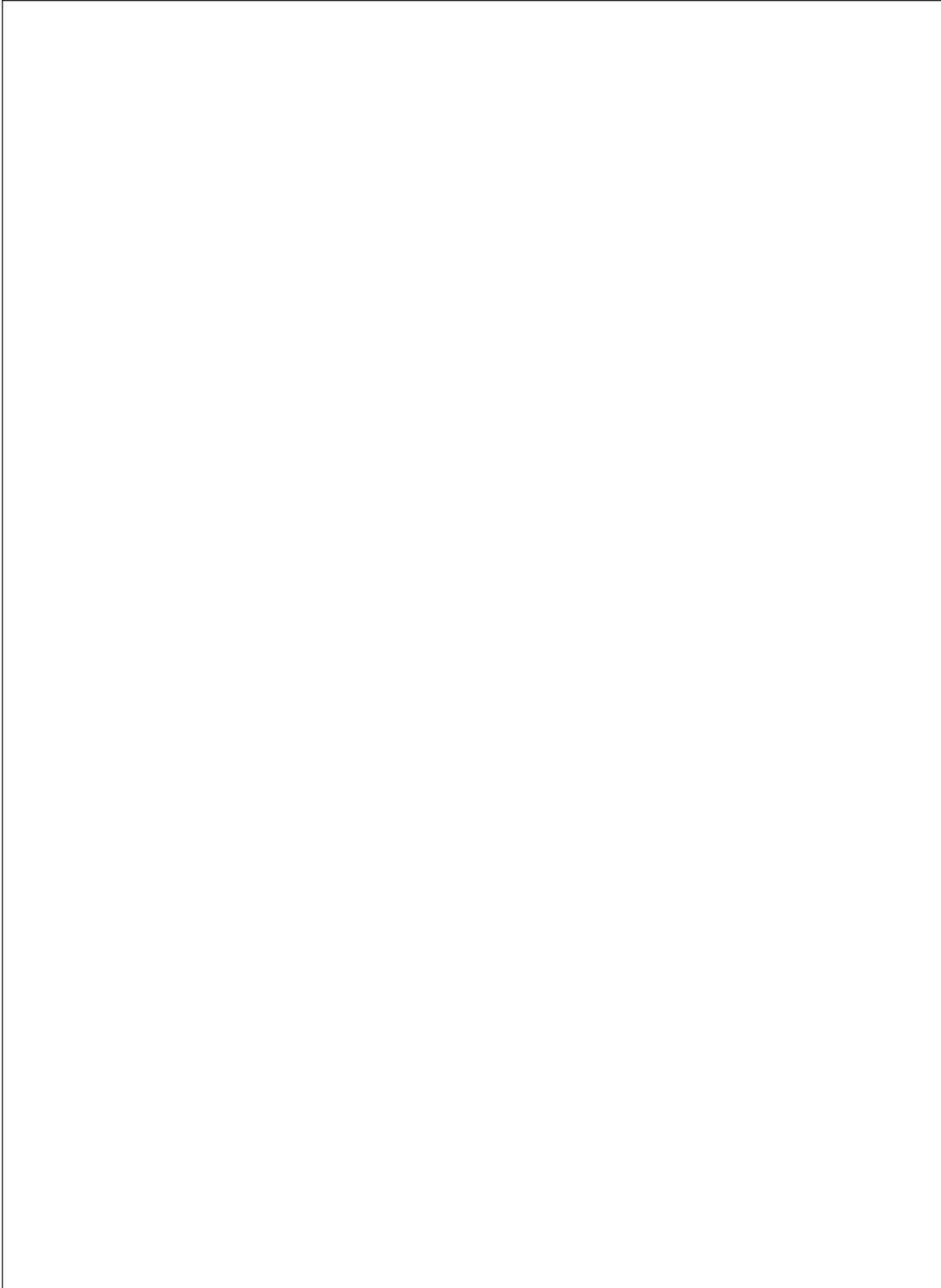
Air Net Frequency Assigned to Fire(s): \_\_\_\_\_

Twenty-four hours lead time is requested by Air Force; in some cases they can better this time.

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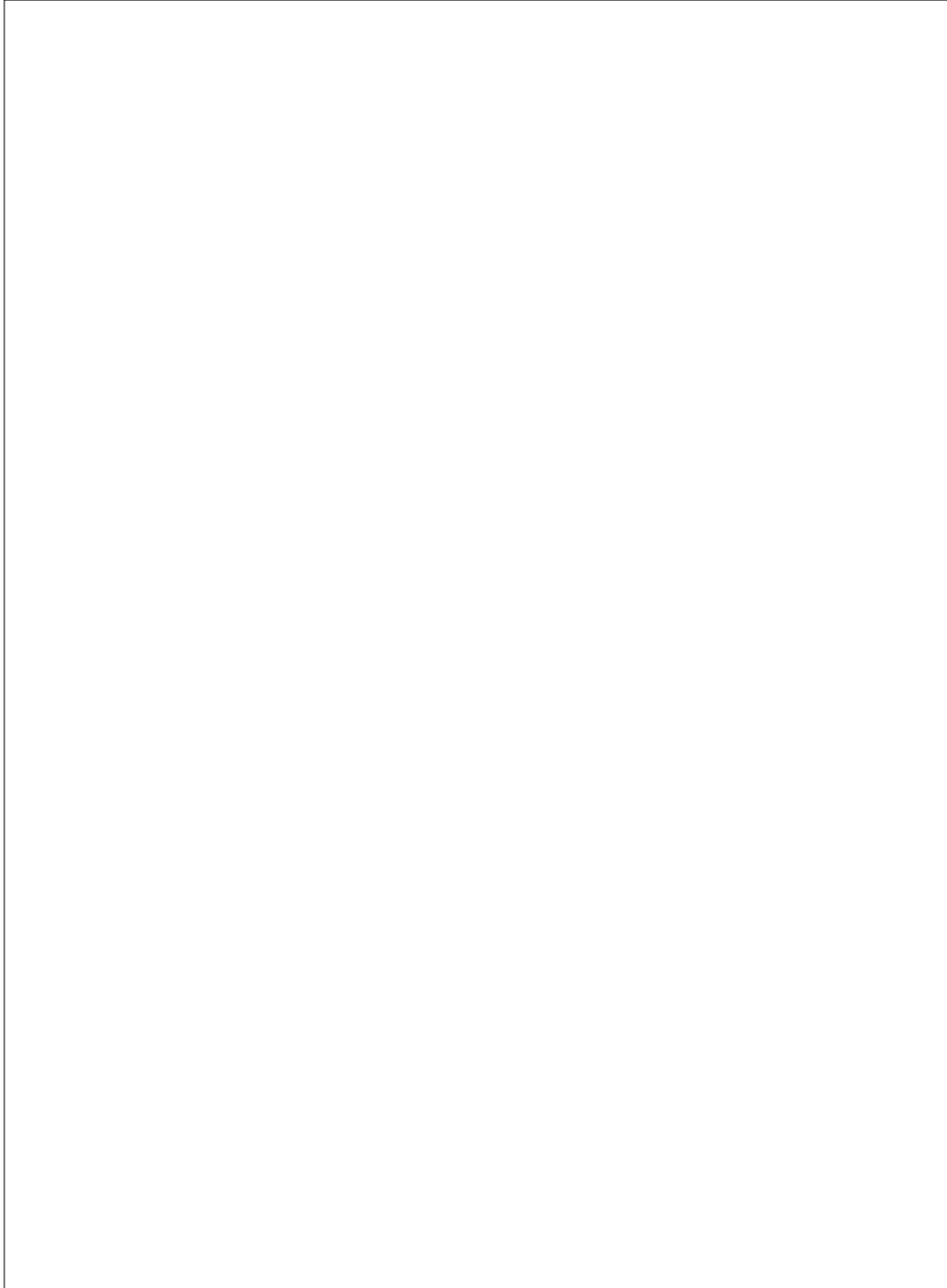
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**EXHIBIT 12 • Wildland Fire Entrapment/Fatality**



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**EXHIBIT 13 • Detail Request**

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**EXHIBIT 14 • Length of Assignment Extension**

- I.     **Name and Position/Type of Resource:** \_\_\_\_\_
- II.    **Length of Extension:** \_\_\_\_\_
- III.   **Rationale for extension (mark all that apply)**  
A. Life and property threatened  
B. Suppression objective are close to being met  
C. Replacement resources are not available (unable to fill)  
D. Military Assignment  
E. Other: \_\_\_\_\_
- \_\_\_\_\_

**IV. A. Single Resource Recommendation**

Resource name, title and signature: \_\_\_\_\_

Section Chief name, title and signature: \_\_\_\_\_

**OR**

**B. Incident Management Team/Area Command Recommendation**

Operations Section Chief: \_\_\_\_\_

Planning Section Chief: \_\_\_\_\_

Finance Section Chief: \_\_\_\_\_

Logistics Section Chief: \_\_\_\_\_

**V.     Approval**

\_\_\_\_\_

Incident/Area Commander signature

\_\_\_\_\_

Date

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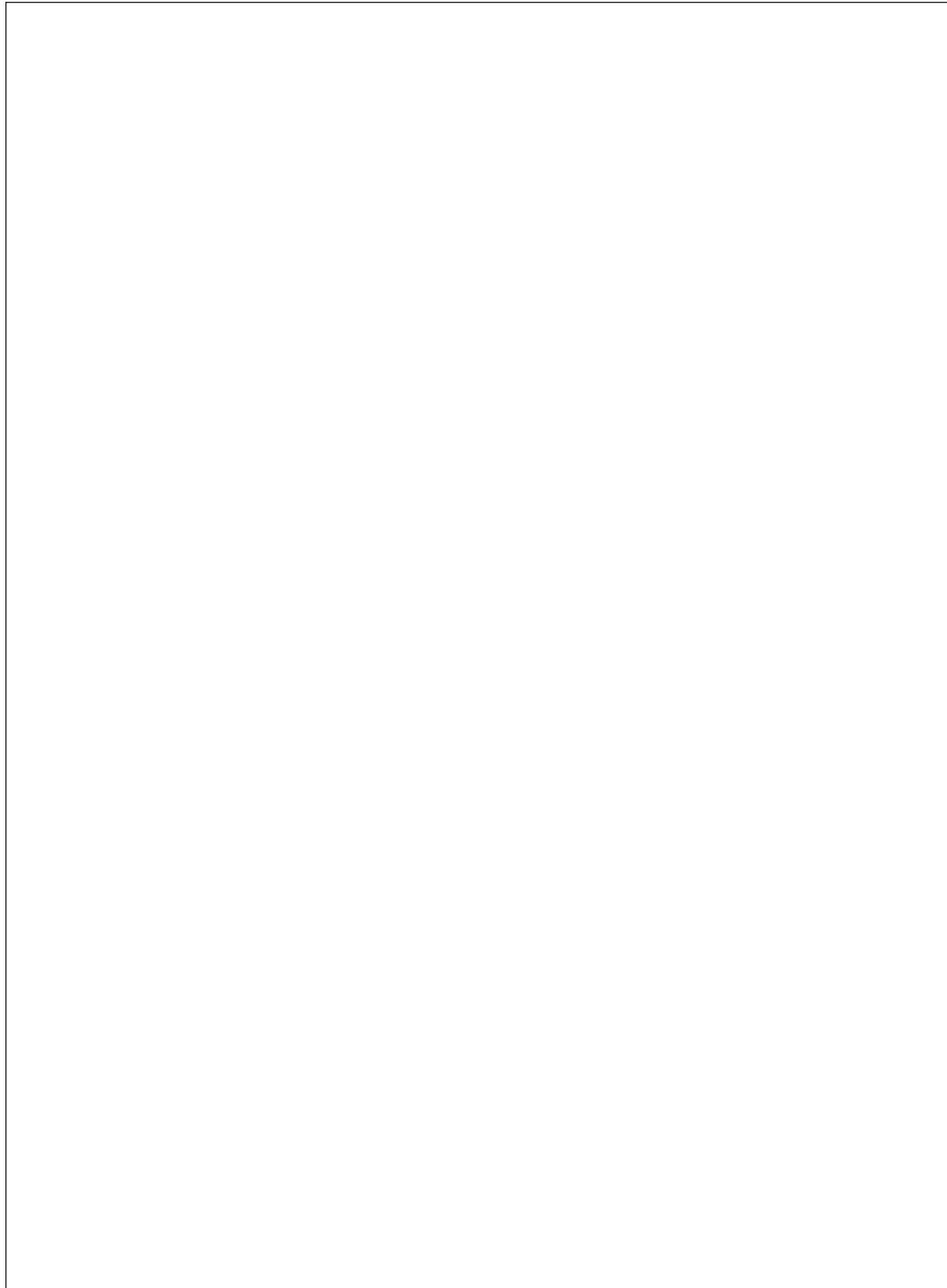
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**EXHIBIT 15 • Documentation of Contacts Requesting Deconfliction of  
Airspace by the Military**

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**EXHIBIT 16 • Southwest Area - Financial Transaction Form**

A large, empty rectangular box with a thin black border, intended for the content of the Financial Transaction Form. It occupies the majority of the page area below the title and above the footer.